

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

Walter D. Weaver

Director



Charles Thone

Governor

CB-53
February 13, 1981

BULLETIN

TO: All Companies Licensed to Write Life and/or
Sickness and Accident Insurance

ATTN: Individuals Responsible for the Submission
of Life and/or Health Forms

FROM: Life and Health Division

SUBJECT: Submission of Life and/or Health Forms

As specified in §§44-511 and 44-710 of the Nebraska Insurance Code, all life, annuity and health policies, all riders, endorsements, and applications which are intended to be attached to and become part of policies must be approved by this Department before being used in Nebraska. Note that approval laws apply only to forms, which actually become parts of policies. We prefer that a company wait for actual notification of approval rather than assuming approval after thirty days. Also, §44-710 requires that all sickness and accident insurance rates must be filed with this Department.

All life and health insurance filings received after March 15, 1981, must comply with the following requirements. Attached to this Bulletin you will find a copy of our filing form that must be completed and attached to the filing. Each filing must be accompanied by at least one filing form. We will not accept one filing form for a number of policy forms or filings. The completed filing form(s) must be sent in duplicate. We will return one copy to you and retain the other for our files. Your filing should also include three copies of each of the submission letter and a list of the forms submitted, and a self-addressed stamped envelope for return of the notification of approval. If you would like a stamped copy of the policy form(s) for your files, please include another copy and the appropriate sized envelope and postage to return them to you. Note that you will need to produce your own copies of this form for use hereafter. This Department will not provide copies.

Except for unusual situations, such as single case filings, final printed copies of the forms should be submitted -- not photocopies or printer's proofs. We will consider giving tentative approvals in special cases and if specifically requested. All forms should be completed in "John Doe" fashion to cover a typical situation.

Contrary to our previous filing requirements, only one set of forms needs to be filed for forms needing both life and health approval. However, in these cases, the forms must satisfy both the life and health insurance statutes and regulations before we will grant approval.

Since we are required to retaliate on any filing fees charged by your state of domicile, please indicate in your filing letter any fees charged for filing the same materials in your home state, and enclose a check for the appropriate amount.

If your filings do not meet the above requirements, we will return them without review. Please make sure that all individuals responsible for filing forms in this State receive copies of this Bulletin.

In order for us to maintain up-to-date working records, please submit to us on or before March 1st of each year a list of the company's life and health insurance policy forms approved and still in use in Nebraska, along with the dates of approval, as of the end of the previous calendar year. Physical evidence of approval, however, will continue to be the responsibility of each individual company.

Thank you for your cooperation. If you have any questions, regarding this Bulletin, please contact the Life and Health Division at (402) 471-2201.

NEBRASKA DEPARTMENT OF INSURANCE
LIFE AND HEALTH DIVISION
FILING FORM

NEBRASKA DEPARTMENT OF INSURANCE COMPANY ID NUMBER: _____

NAIC COMPANY ID NUMBER: _____

COMPANY NAME: _____

LINE OF BUSINESS	<input type="checkbox"/>	LIFE	<input type="checkbox"/>	ANNUITY
	<input type="checkbox"/>	HEALTH	<input type="checkbox"/>	VARIABLE ANNUITY
	<input type="checkbox"/>	CREDIT	<input type="checkbox"/>	VARIABLE LIFE
			<input type="checkbox"/>	OTHER

TYPE OF BUSINESS	<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	BLANKET
	<input type="checkbox"/>	GROUP	<input type="checkbox"/>	WHOLESALE
	<input type="checkbox"/>	FRANCHISE	<input type="checkbox"/>	OTHER

TYPE OF FORM (if applicable)	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	ENDORSEMENT
	<input type="checkbox"/>	CERTIFICATE	<input type="checkbox"/>	APPLICATION
	<input type="checkbox"/>	RIDER	<input type="checkbox"/>	OTHER

REASON FOR FILING:	<input type="checkbox"/>	FORM APPROVAL	<input type="checkbox"/>	INFORMATIONAL FILING
	<input type="checkbox"/>	RATE APPROVAL	<input type="checkbox"/>	OTHER
	<input type="checkbox"/>	RATE FILING		

FORM NUMBER SUBMITTED FOR APPROVAL: _____

or
FORM NUMBER AFFECTED BY FILING: _____

FORM NUMBER(S) REPLACED (if any): _____

and
ORIGINAL APPROVAL DATE(S): _____

FLESCH READABILITY SCORE: _____
(if applicable)

FOR DEPARTMENT USE ONLY

DESCRIPTION: _____

ACTION: